PTO/SB/22 (10-00)

PIOSB22 (10-00)
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ETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136/a)
Docket Number (Optional)

PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)				Docket Number (Optional)	
			BIC 1/1406		
In re Application of STENKAMP, Dirk et al					
	Application Number		Filed		
	10/697,443		October 30, 2003		
ALKYNE COMPOUNDS WITH MCH ANTAGONISTIC ACTIVITY AT FOR MEDICAMENTS COMPRISING THESE COMPOUNDS					
		Group Art Unit	Examiner		
		1625	Patricia L. Morris	i .	
	a request under the provisionse in the above identified ap		a) to extend the pe	riod for filing a	
The rec	uested extension and appretime period desired):	•	ty fee are as follow	/s	
(спеск	time period desired): One month (37 CFF	R 1 17(a)(1))		\$	
☐ Two months (37 CFR 1.17(a)(2))			\$450.00		
	☐ Three months (37 C			\$	
	Four months (37 Cl			\$ \$	
		,		s	
п	Five months (37 CFR 1.17(a)(5)) Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee amount shown above				
is reduced by one-half, and the resulting fee is: \$					
	A check in the amount of the fee is enclosed.				
\boxtimes	Payment by credit card via EFS.				
	The Commissioner has already been authorized to charge fees in this application to a Deposit Account.				
\boxtimes	The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>13-3402</u> .				
I have enclosed a duplicate copy of this sheet.					
I am the ☐ applicant/inventor.					
assignee of record of the entire interest. See 37 CFR 3.71					
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).					
☑ attorney or agent of record.					
attorney or agent under 37 CFR 1.34(a).					
Registration number if acting under 37 CFR 1.34(a)					
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.					
	June 11, 2007			n A. Sopp/	
	Date		s	ignature	
				o, Reg. No. 33,103	
			Typed o	r printed name	
OTE: Signat	tures of all the inventors or assigned	es of record of the entire inte	erest or their represents	tive(s) are required. Submit multiple	
rms if more	than one signature is required, see		or mon representa	arolo, are required. Contini il ullipie	
*Total o	f forms are submitted.				

Bacter Nex Statement. This term is estimated to balk 0.1 hours to complete. Time will very depending upon the needs of the individual case. Any commerce on the amount of time you are required to complete fits from thould be sent to the Chall defination Officer. US Debtered of Talement, Officer. US advantaged. Do 2002.1 DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner of Patents, P.O. Box 1455, National Viv. 27213-1450.